U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <b>U</b> - 7455		2. Fiscal	Year Covered From:	noto the medical and the second and	Suscession of Suscession	€ (tradition reconstructure)
		1	1/1/2	2004 Through:	12 / 31	2004
3. Name and address of person filing.		4. Name	4. Name, file number, and address of labor organization.			
Name Matthew Marowski		Name	Name Asbestos Workers Local 42			
		Labor	Organization File Nu	mber 005-62	5	
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P.O. Box, Bldg., Room No., if any	and distinct the start of the s	F.U. B	lox, Building and Roo	an Number, ir any		······································
Street 111 Sunset Drive		Street	1188 River Ro	pad		
City Wilmington		City	New Castle	e e e e e e e e e e e e e e e e e e e	**************************************	
State Delaware	ZIP Code + 4 19809	State	Delaware	V // ( <u>()</u> // //	ZIP Code + 4	19720
5. Position in labor organization.	irer	Street delakard danster		ret to the total and a series of the total and the total a		
A. Held an interest in, engaged in trans	actions (including loans) with,	or derived in	come or other eco	nomic benefit of		
A. Held an interest in, engaged in transmonetary value from an employer who  6. Name and address of Employer (including Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	ose employees your organiz	7.a. Natu	sents or is actively ure of Interest, Transa	seeking to repre	esent.	
Monetary value from an employer who  6. Name and address of Employer (including Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	ose employees your organiz	ation repres	sents or is actively ure of Interest, Transa	seeking to repre	esent.	
monetary value from an employer who 6. Name and address of Employer (including Name  Trade Name, if any:	ose employees your organiz	7.a. Natu	sents or is actively ure of Interest, Transa	seeking to repre	esent.	
Monetary value from an employer who  6. Name and address of Employer (including Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	g trade name, if any).  ZIP Code + 4	7.a. Natu	sents or is actively ure of Interest, Transa	seeking to repre	esent.	

Name of Person Filing Matthew Marowski	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other or an employer whose employees your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise				
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Local 42 Health & Welfare Fund	golinistri				
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bldg., Room No., if any Suite 100	b. Trust				
Street 4600 Powder Mill Road	c. Employer				
City Beltsville					
State Maryland ZIP Code + 4 20705-2675					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	See LM-30 Attachment	vo vojetni je ve dela			
Trade Name, if any:		o de frances de la constante de			
P.O. Box, Bldg., Room No., if any					
Street					
City	Approximate dollar value of such dealing.     Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.				
State ZIP Code + 4	2/22/04 to 2/25/04 International F Employee Benefit Plans Conference. 3 Days loss wages for Conference \$	Room & Meals \$808.			
	12.b. Amount.	\$1,423			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.				
Name		TO THE PARTY OF TH			
Trade Name, if any:		pupprocentarion construction of the constructi			
P.O. Box, Bldg., Room No., if any					
Street	exponential for some size of the source of t	A CO-C			
City		damin'nyavandinya			
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name of Person Filing Matthew Marowski	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included the your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 42 Health & Welfare Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 100  Street 4600 Powder Mill Road  City Beltsville  State Maryland ZIP Code+4 20705-2675	a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	See LM-30 Attachment
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Loss of wages & expense for Trustee Meetings. 3/9/04 & 3/10/04 \$435. 7/23/04 \$230. 8/4/04 \$216. 9/8/04 \$242. 12/16/04 \$236.
The control of the co	12.b. Amount. \$1,359
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	Terroritation in the second se
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Matthew Marowski	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Wachovia Bank  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PA 4389  Street 123 South Broad Street  City Philadelphia  State Pennsylvania ZIP Code + 4 19109	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer
10 if 0 h, or 0 c, is checked give trust or ampleyed some	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Funds Banking Local 42 General fund banking.
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	3/13/04 Philadelphia Flyers ticket \$137.
	12.b. Amount. \$137
	Names and an analysis and an a
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	TOTAL CONTRACTOR OF THE CONTRA
Name	The control of the co
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.